

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 914783 RECEIPT DATE: 09 / 05 / 01  
IA NUMBER: PCT/ AU00 / 00156 IA FILING DATE: 03 / 06 / 00  
FAMILY NAME: O' BRIEN DELAY WAIVED (Y/N): Y  
GIVEN NAME: PETER DEMAND RECEIVED (Y/N): Y  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 03 / 05 / 99  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: 01P101:RC:SB COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000466 TELEPHONE 7035212297  
FAX  
NAME: YOUNG & THOMPSON  
STREET: 745 SOUTH 23RD STREET 2ND FLOOR  
CITY: ARLINGTON  
STATE/COUNTRY: VA ZIP: 22202  
EMAIL:  
APPLICATION TITLES:  
HEAT REFLECTION FOOTWEAR DEVICE

TAB TO LAST POSITION, PUSH SEND



# UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
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WASHINGTON, D.C. 20231  
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CONFIRMATION NO. 4273

Bib Data Sheet

SERIAL NUMBER 09/914,783	FILING DATE 09/05/2001 RULE	CLASS 036	GROUP ART UNIT 3728	ATTORNEY DOCKET NO. 01P101:RC:SB
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**APPLICANTS**

Peter O' Brien, Queensland, AUSTRALIA;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/AU00/00156 03/06/2000 *OKay*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

AUSTRALIA PP 9055 03/05/1999 *OKay*

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY AUSTRALIA	SHEETS DRAWING 2	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	<i>John Doe</i> <i>JL</i> Examiner's Signature Initials				

**ADDRESS**

00466

**TITLE**

Heat reflection footwear device

<b>FILING FEE RECEIVED</b> 518	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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